765822

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(City/State/Zip/Pho	one #)
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(Business Entity N	lame)
(Document Number	er)
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ECRETARY OF STATE
TALLAHASSEF, FI

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: The Village of Codarbend Homeowners
DOCUMENT NUMBER: 765822
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Compass Rose Management (Firm/Company)
1010 NE 9th St., Suite A
Cape Coral FL 33909 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tosh Tricas at 239-309-0622 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment

N/A

to Articles of Incorporation of

(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Noi</i>	t For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corpora	tion:		
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	ution" or "incorpore	ated" or the abbreviation "Corp."	The new or "Inc."
B. Enter new principal office address, if applicable:		S	20:
(Principal office address MUST BE A STREET ADDRESS		AL	
		AN A	م
		<u> </u>	_ 🝎 🕴
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SES	_⊋ :
(maining dudress MAT BE A FOST OFFICE BOX)	-		_ <i>```</i>
	<u> </u>		_ <u> </u>
	-	-	_ <u>_</u> .
D. If amending the registered agent and/or registered offi	ce address in Flori	da, enter the name of the	
new registered agent and/or the new registered office a	<u>iddress:</u>		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
	·-·	(Florida street address)	
New Registered Office Address:		(r ioriaa sireei aaaress)	
		Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	Agent:		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	Marisa Chase	
Remove 2) Change Add		Robert Keech	
X Remove 3) X Change Add Remove	P	Kelly Gabourel	
4) <u>X</u> Change Add	工	Jeanne Hill	
Remove 5) Change Add	NP	Patricia Healy	
Remove Change Add	_S_	Bridget Plank	
Remove Add E. If amending or addin (attach additional shee		Pamela Pike cles, enter change(s) here: (Be specific) N/A	

		
		
		
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The date of each amendment(s) adoptio	n:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be ent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 8-6-2020
Signature & Keeley Gasoure
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
E. Kelly Ga Boure L (Typed or printed name of person signing)
(Typed or printed name of person signing)
President Village of Cedarbend (Mile of person signing)